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CONFIRMATION NO. 7163

SERIAL NUMBER 10/645,235	FILING OR 371(c) DATE 08/21/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. SPINE 3.0-298 DIV I
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a DIV of 09/742,923 12/21/2000 PAT 6,648,894 *OK AR*

\*\* FOREIGN APPLICATIONS \*\*\*\* *None AC*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 8	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after ALLOWANCE				
Verified and Acknowledged	<i>John Henn</i> <i>AC</i> Examiner's Signature Initials				

## ADDRESS

000530

## TITLE

Bone graft forming guide

FILING FEE RECEIVED 1482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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